

ID

WISE ID \_\_\_\_\_

Name Code: \_\_\_\_\_

KSDAT

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyProcedure PROLEPRONO

## WISE INTERVIEW:

## PROCEDURE SYMPTOMS QUESTIONNAIRE

1. During the procedure, did you feel any type of uncomfortable sensation in any of the following locations? SENSE

1 ( ) Yes----&gt;

Check all positions that apply and check the specific side, for example, left, center or right.

( ) Chest <u>POSCH</u>	Left <u>CHLEF</u>	Center <u>CHCEN</u>	Right <u>CHRIG</u>
( ) Neck <u>POSNE</u>	Left <u>NELEF</u>	Center <u>NECEN</u>	Right <u>NERIG</u>
( ) Back <u>POSBA</u>	Upper <u>BAUPP</u>	Middle <u>BAMID</u>	Lower <u>BALOW</u>
( ) Shoulder <u>POSSH</u>	Left <u>SHLEF</u>	Right <u>SHRIG</u>	Both <u>SHBOT</u>
( ) Arm <u>POSAR</u>	Left <u>ARLEF</u>	Right <u>ARRIG</u>	Both <u>ARBOT</u>
( ) Hand <u>POSHA</u>	Left <u>HALEF</u>	Right <u>HARIG</u>	Both <u>HABOT</u>
( ) Jaw <u>POSTW</u>	Left <u>JWLEF</u>	Right <u>JWRIG</u>	Both <u>JWBOT</u>
( ) Throat <u>THROA</u>			
( ) Esophagus <u>ESOPH</u>			
( ) Stomach <u>STOMA</u>			
( ) Other, Specify: <u>POTSP</u>			

POSTT

0 ( ) No----&gt; STOP HERE

2. Here are some words that may help to describe this uncomfortable sensation. Please mark the words that apply to the sensation you experienced during this procedure:

<u>DISCO</u> 1 ( ) Discomfort	<u>TIGHT</u> 2 ( ) Tightness	<u>INDIG</u> 3 ( ) Indigestion	4 ( ) Nausea <u>NAUSE</u>
5 ( ) Pain <u>PAIN</u>	<u>NUMBN</u> 6 ( ) Numbness	7 ( ) Choking <u>CHOKI</u>	8 ( ) Sharp/knife like <u>SHARP</u>
9 ( ) Pressure <u>PRESS</u>	10 ( ) Aching <u>ACHIN</u>	11 ( ) Burning <u>BURNI</u>	12 ( ) None of <u>NONEO</u> the above

If none of these words describes your sensations, please use your own: NODES

3. Did the quality of this sensation seem similar to the symptoms you were experiencing that led to this testing?

QUALS

SIMILAR

- ☒ 1 ( ) Yes  
☐ 0 ( ) No  
☐ 2 ( ) I was not having symptoms prior to this testing

4. Please use the following scale to describe the intensity of your uncomfortable sensation during this procedure: (Please check one)

INTEN

- 1 ( ) Tolerable, no relief needed  
2 ( ) Tolerable, relieved with usual measures  
3 ( ) Tolerable, not relieved with usual measures  
4 ( ) Not tolerable, relieved with usual measures  
5 ( ) Not tolerable, not relieved with usual measures

5. How long did it last? Check only one:

LAST

- 1 ( ) Less than one minute  
2 ( ) 1 - 5 minutes  
3 ( ) 5 - 15 minutes  
4 ( ) 15 - 30 minutes  
5 ( ) More than 30 minutes